

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE CONDITION OF

**Statement of
Emergency Detention
by Treatment Director**_____
Name of Subject

Case No. _____

Date of Birth

- **File this statement with the detention facility and court immediately. A probable cause hearing must be held within 72 hours of detention.**
- **Please print or type all information below. All blanks must be filled in.**

I am a treatment director/treatment director's designee of _____
and state: Mental Health Facility

- The subject is mentally ill, drug dependent, or developmentally disabled.
- The subject evidences behavior which constitutes a substantial probability of physical harm to self or to others, as set forth in §51.15, Wisconsin Statutes.

My belief is based on specific and recent dangerous acts, attempts, threats or omissions by the subject as observed by me or reliably reported to me as stated below:

Dangerous Behavior:**When:** _____**Where:** _____**Describe Behavior:** _____

☐ See attached page.

Witnesses to the dangerous behavior:

Name of Witness	Telephone	Address	Relationship

The subject was detained on _____, at _____ ☐ am. ☐ pm. (Detention occurs
when subject requests discharge.) Date Time

Subject's Street Address	City	County	State
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Distribution:

1. Court – Original
2. Subject with Notice of Rights

Signature of Director or Designee

Name Printed or Typed

Telephone